

Fill in this information to identify your case:

United States Bankruptcy Court for the:

WESTERN DISTRICT OF TEXAS - EL PASO

Case number (if known)

Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

06/24

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Jose

First name

Middle name

Baeza

Last name and Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

Paloma

First name

Middle name

Enriquez Pena

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names and any assumed, trade names and *doing business as* names.

Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.

Jose Luis Baeza

Paloma Enriquez Pena

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-2179

xxx-xx-9544

About Debtor 1:

4. Your Employer Identification Number (EIN), if any.

EIN _____

5. Where you live

**305 S Rio St
Fort Stockton, TX 79735**

Number, Street, City, State & ZIP Code

Pecos

County _____

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code _____

About Debtor 2 (Spouse Only in a Joint Case):

EIN _____

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code _____

County _____

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code _____

6. Why you are choosing this district to file for bankruptcy

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Part 2: Tell the Court About Your Bankruptcy Case

7. **The chapter of the Bankruptcy Code you are choosing to file under** Chapter 7 Chapter 11 Chapter 12 Chapter 13 *Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)*). Also, go to the top of page 1 and check the appropriate box.*

8. **How you will pay the fee** **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
 I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
 I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. **Have you filed for bankruptcy within the last 8 years?** No. Yes.
District _____ When _____ Case number _____
District _____ When _____ Case number _____
District _____ When _____ Case number _____

10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?** No Yes.
Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____

11. **Do you rent your residence?** No. Go to line 12.
 Yes. Has your landlord obtained an eviction judgment against you?
 No. Go to line 12.
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

No. Go to Part 4.

Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.

Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No.

Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	16a. Are your debts primarily consumer debts? <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as “incurred by an individual primarily for a personal, family, or household purpose.” <input type="checkbox"/> No. Go to line 16b. <input checked="" type="checkbox"/> Yes. Go to line 17.		
	16b. Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. <input type="checkbox"/> No. Go to line 16c. <input type="checkbox"/> Yes. Go to line 17.		
	16c. State the type of debts you owe that are not consumer debts or business debts _____		
17. Are you filing under Chapter 7?	<input checked="" type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? <input type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? <input type="checkbox"/> No <input type="checkbox"/> Yes		
18. How many Creditors do you estimate that you owe?	<input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
19. How much do you estimate your assets to be worth?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input checked="" type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Jose Baeza

Jose Baeza

Signature of Debtor 1

Executed on August 13, 2024
MM / DD / YYYY

/s/ Paloma Enriquez Pena

Paloma Enriquez Pena

Signature of Debtor 2

Executed on August 13, 2024
MM / DD / YYYY

For your attorney, if you are represented by one

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

If you are not represented by an attorney, you do not need to file this page.

/s/ Miguel Flores

Signature of Attorney for Debtor

Date

August 13, 2024

MM / DD / YYYY

Miguel Flores 24036574

Printed name

Tanzy & Borrego Law Offices, P.L.L.C.

Firm name

2610 Montana Avenue

El Paso, TX 79903-3712

Number, Street, City, State & ZIP Code

Contact phone **(915) 566-4300**

Email address

tanzy_borrego@hotmail.com

24036574 TX

Bar number & State

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
EL PASO DIVISION

In Re: Jose Baeza
Paloma Enriquez Pena

Case No.
Chapter 13

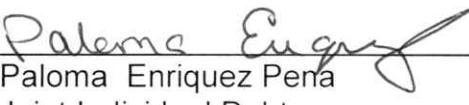
STATEMENT

Petitioners are qualified to file this Petition and are entitled to the benefits of Title 11, United States Code as voluntary Debtors, having not been Debtors in a case pending under this Title at any time in the preceding 180 days in which the case was dismissed by the Court for willful failure to abide by order of the Court, or to appear before the Court in the proper prosecution of the case, or in a case where the voluntary dismissal of a case was requested and obtained following the filing of a request for Relief from the Automatic Stay Provided by Section 362 of Title 11, United States Code.

8-13-24

Dated On


Jose Baeza
Joint Individual Debtor


Paloma Enriquez Pena
Joint Individual Debtor

TB#42695

Fill in this information to identify your case:

Debtor 1	Jose Baeza		
	First Name	Middle Name	Last Name
Debtor 2	Paloma Enriquez Pena		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF TEXAS - EL PASO		
Case number (if known)			

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	\$ 198,000.00
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 198,000.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 168,817.00
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 366,817.00

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$ 232,557.00
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 232,557.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$ 3,600.00
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 3,600.00
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ 983,653.00
		Your total liabilities \$ 1,219,810.00

Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I)	\$ 7,238.00
	Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 7,238.00
5.	Schedule J: Your Expenses (Official Form 106J)	\$ 5,588.00
	Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 5,588.00

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 6,473.16

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations (Copy line 6a.)

Total claim

\$ 0.00

9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

\$ 0.00

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

\$ 0.00

9d. Student loans. (Copy line 6f.)

\$ 0.00

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)

\$ 0.00

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

+\$ 0.00

9g. **Total.** Add lines 9a through 9f.

\$ 0.00

Fill in this information to identify your case and this filing:

Debtor 1	Jose Baeza		
	First Name	Middle Name	Last Name
Debtor 2	Paloma Enriquez Pena		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>WESTERN DISTRICT OF TEXAS - EL PASO</u>			
Case number _____			

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.
 Yes. Where is the property?

1.1

305 S Rio St

Street address, if available, or other description

What is the property? Check all that apply

Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Fort Stockton TX 79735-0000

City State ZIP Code

Current value of the entire property? **\$180,000.00** Current value of the portion you own? **\$180,000.00**

Pecos

County

Who has an interest in the property? Check one

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number:

If you own or have more than one, list here:

1.2

10 acres of undeveloped land

Street address, if available, or other description

Fort Stockton TX

City State ZIP Code

County

What is the property? Check all that apply

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$18,000.00

Current value of the portion you own?

\$18,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Land

Check if this is community property
 (see instructions)

Who has an interest in the property? Check one

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=> **\$198,000.00**

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No

Yes

3.1 Make: **Chevy**

Model: **Silverado**

Year: **2020**

Approximate mileage: _____

Other information:

Who has an interest in the property? Check one

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$24,111.00

Current value of the portion you own?

\$24,111.00

3.2 Make: **Jeep**

Model: **Wrangler**

Year: **2022**

Approximate mileage: _____

Other information:

Who has an interest in the property? Check one

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$32,548.00

Current value of the portion you own?

\$32,548.00

3.3 Make: Can-Am Model: _____ Year: 2019 Approximate mileage: _____ Other information: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Who has an interest in the property? Check one <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this is community property <small>(see instructions)</small>	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> . Current value of the entire property? \$12,319.00 Current value of the portion you own? \$12,319.00
3.4 Make: Chevy Model: Trailboss Year: 2019 Approximate mileage: _____ Other information: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Who has an interest in the property? Check one <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this is community property <small>(see instructions)</small>	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> . Current value of the entire property? \$26,579.00 Current value of the portion you own? \$26,579.00
3.5 Make: Chevy Model: Trailblazer Year: 2022 Approximate mileage: _____ Other information: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Who has an interest in the property? Check one <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this is community property <small>(see instructions)</small>	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> . Current value of the entire property? \$25,000.00 Current value of the portion you own? \$25,000.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=> **\$120,557.00**

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

No
 Yes. Describe.....

Appliances \$6000, Furniture \$3500

\$9,500.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No
 Yes. Describe.....

Electronics

\$2,500.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No
 Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No
 Yes. Describe.....

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No
 Yes. Describe.....

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No
 Yes. Describe.....

Clothing

\$2,500.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No
 Yes. Describe.....

Jewelry

\$250.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

No
 Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

No
 Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$14,750.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

**Current value of the portion you own?
Do not deduct secured claims or exemptions.**

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No
 Yes.....

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No
 Yes.....

Institution name:

17.1. checking	First National Bank	\$0.00
17.2. savings	First National Bank	\$0.00
17.3. checking	1st Community FCU	\$400.00
17.4. savings (daughter's)	1st Community FCU	\$100.00
17.5. checking	GECU	\$0.00
17.6. savings	GECU	\$10.00

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No
 Yes..... Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No
 Yes. Give specific information about them..... Name of entity: % of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No
 Yes. Give specific information about them
 Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No
 Yes. List each account separately.
 Type of account: Institution name:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company
Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No
 Yes. Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

No
 Yes..... Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.
 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No
 Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No
 Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No
 Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No
 Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

No
 Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No
 Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No
 Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No
 Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No
 Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No
 Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No
 Yes. Describe each claim.....

35. Any financial assets you did not already list

No
 Yes. Give specific information..

Debtor 1 **Jose Baeza**
Debtor 2 **Paloma Enriquez Pena**

Case number (if known) _____

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$510.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

Yes. Go to line 38.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

No

Yes. Describe.....

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

No

Yes. Describe.....

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

No

Yes. Describe.....

2012 Freightliner Cascadia

\$10,000.00

2015 Kenworth T680

\$20,000.00

Flat bed trailer (3x) 12ft 16ft 20ft

\$3,000.00

41. Inventory

No

Yes. Describe.....

42. Interests in partnerships or joint ventures

No

Yes. Give specific information about them.....

Name of entity:

% of ownership:

43. Customer lists, mailing lists, or other compilations

No.

Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

No

Yes. Describe.....

44. Any business-related property you did not already list

No

Yes. Give specific information.....

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....

\$33,000.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.
 Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No
 Yes. Give specific information.....

JP & K Trucking

\$0.00

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2	\$198,000.00
56. Part 2: Total vehicles, line 5	\$120,557.00
57. Part 3: Total personal and household items, line 15	\$14,750.00
58. Part 4: Total financial assets, line 36	\$510.00
59. Part 5: Total business-related property, line 45	\$33,000.00
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00
61. Part 7: Total other property not listed, line 54	\$0.00
62. Total personal property. Add lines 56 through 61...	\$168,817.00
	Copy personal property total \$168,817.00
63. Total of all property on Schedule A/B. Add line 55 + line 62	\$366,817.00

Fill in this information to identify your case:

Debtor 1	Jose Baeza		
	First Name	Middle Name	Last Name
Debtor 2	Paloma Enriquez Pena		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF TEXAS - EL PASO		
Case number (if known)			

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
305 S Rio St Fort Stockton, TX 79735 Pecos County Line from <i>Schedule A/B</i> : 1.1	\$180,000.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Const. art. XVI, §§ 50, 51, Tex. Prop. Code §§ 41.001-002
10 acres of undeveloped land Fort Stockton, TX Line from <i>Schedule A/B</i> : 1.2	\$18,000.00	<input checked="" type="checkbox"/> _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	NON-EXEMPT
2020 Chevy Silverado Line from <i>Schedule A/B</i> : 3.1	\$24,111.00	<input checked="" type="checkbox"/> _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a)(1), (2), 42.002(a)(9)
2022 Jeep Wrangler Line from <i>Schedule A/B</i> : 3.2	\$32,548.00	<input checked="" type="checkbox"/> _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a)(1), (2), 42.002(a)(9)
2019 Can-Am Line from <i>Schedule A/B</i> : 3.3	\$12,319.00	<input checked="" type="checkbox"/> _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	NON-EXEMPT

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
2019 Chevy Trailboss Line from Schedule A/B: 3.4	<u>\$26,579.00</u>	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a)(1), (2), 42.002(a)(9)
2022 Chevy Trailblazer Line from Schedule A/B: 3.5	<u>\$25,000.00</u>	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a)(1), (2), 42.002(a)(9)
Appliances \$6000, Furniture \$3500 Line from Schedule A/B: 6.1	<u>\$9,500.00</u>	<input checked="" type="checkbox"/> \$9,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a)(1), (2), 42.002(a)(1)
Electronics Line from Schedule A/B: 7.1	<u>\$2,500.00</u>	<input checked="" type="checkbox"/> \$2,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a)(1), (2), 42.002(a)(1)
Clothing Line from Schedule A/B: 11.1	<u>\$2,500.00</u>	<input checked="" type="checkbox"/> \$2,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a)(1), (2), 42.002(a)(5)
Jewelry Line from Schedule A/B: 12.1	<u>\$250.00</u>	<input checked="" type="checkbox"/> \$250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a)(1), (2), 42.002(a)(6)
checking: First National Bank Line from Schedule A/B: 17.1	<u>\$0.00</u>	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	NON-EXEMPT
savings: First National Bank Line from Schedule A/B: 17.2	<u>\$0.00</u>	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	NON-EXEMPT
checking: 1st Community FCU Line from Schedule A/B: 17.3	<u>\$400.00</u>	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	NON-EXEMPT
savings (daughter's): 1st Community FCU Line from Schedule A/B: 17.4	<u>\$100.00</u>	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	NON-EXEMPT
checking: GECU Line from Schedule A/B: 17.5	<u>\$0.00</u>	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	NON-EXEMPT

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	
savings: GECU Line from <i>Schedule A/B</i> : 17.6	<u>\$10.00</u>	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	NON-EXEMPT
2012 Freightliner Cascadia Line from <i>Schedule A/B</i> : 40.1	<u>\$10,000.00</u>	<input checked="" type="checkbox"/> \$10,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a)(1), (2), 42.002(a)(4)
2015 Kenworth T680 Line from <i>Schedule A/B</i> : 40.2	<u>\$20,000.00</u>	<input checked="" type="checkbox"/> \$20,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a)(1), (2), 42.002(a)(4)
Flat bed trailer (3x) 12ft 16ft 20ft Line from <i>Schedule A/B</i> : 40.3	<u>\$3,000.00</u>	<input checked="" type="checkbox"/> \$3,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a)(1), (2), 42.002(a)(4)
JP & K Trucking Line from <i>Schedule A/B</i> : 53.1	<u>\$0.00</u>	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	NON-EXEMPT

3. Are you claiming a homestead exemption of more than \$189,050?

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

Fill in this information to identify your case:

Debtor 1	Jose Baeza		
	First Name	Middle Name	Last Name
Debtor 2	Paloma Enriquez Pena		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF TEXAS - EL PASO		
Case number (if known)			

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1	1st National Bank Fortstockton	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
	Creditor's Name	\$8,000.00	\$18,000.00	\$0.00
	2.1 P.O. Box 937 Killeen, TX 76540	Describe the property that secures the claim: 10 acres of undeveloped land Fort Stockton, TX		
	Number, Street, City, State & Zip Code	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) To be Paid Outside the Plan by son	

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a
community debt

Date debt was incurred

Last 4 digits of account number

XXXX

Debtor 1 Jose Baeza First Name _____ Middle Name _____ Last Name _____	Case number (if known) _____													
Debtor 2 Paloma Enriquez Pena First Name _____ Middle Name _____ Last Name _____														
<table border="0"> <tr> <td>2.2 GECU Creditor's Name</td> <td>Describe the property that secures the claim: 2019 Chevy Trailboss</td> <td>\$26,579.00</td> <td>\$26,579.00</td> <td>\$0.00</td> </tr> <tr> <td colspan="5"> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input checked="" type="checkbox"/> Other (including a right to offset) Fully Secured</p> </td> </tr> </table>		2.2 GECU Creditor's Name	Describe the property that secures the claim: 2019 Chevy Trailboss	\$26,579.00	\$26,579.00	\$0.00	<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input checked="" type="checkbox"/> Other (including a right to offset) Fully Secured</p>							
2.2 GECU Creditor's Name	Describe the property that secures the claim: 2019 Chevy Trailboss	\$26,579.00	\$26,579.00	\$0.00										
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input checked="" type="checkbox"/> Other (including a right to offset) Fully Secured</p>														
<p>P.O. Box 20998 El Paso, TX 79998-0998</p> <p>Number, Street, City, State & Zip Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim relates to a community debt</p>														
<p>Date debt was incurred _____</p> <p>Last 4 digits of account number XXXX</p>														
<table border="0"> <tr> <td>2.3 GM Financial Creditor's Name</td> <td>Describe the property that secures the claim: 2020 Chevy Silverado</td> <td>\$24,111.00</td> <td>\$24,111.00</td> <td>\$0.00</td> </tr> <tr> <td colspan="5"> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input checked="" type="checkbox"/> Other (including a right to offset) To be Paid Outside the Plan by son</p> </td> </tr> </table>					2.3 GM Financial Creditor's Name	Describe the property that secures the claim: 2020 Chevy Silverado	\$24,111.00	\$24,111.00	\$0.00	<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input checked="" type="checkbox"/> Other (including a right to offset) To be Paid Outside the Plan by son</p>				
2.3 GM Financial Creditor's Name	Describe the property that secures the claim: 2020 Chevy Silverado	\$24,111.00	\$24,111.00	\$0.00										
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input checked="" type="checkbox"/> Other (including a right to offset) To be Paid Outside the Plan by son</p>														
<p>PO BOX 181145 Arlington, TX 76096</p> <p>Number, Street, City, State & Zip Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim relates to a community debt</p>														
<p>Date debt was incurred _____</p> <p>Last 4 digits of account number 7393</p>														
<table border="0"> <tr> <td>2.4 GM Financial Creditor's Name</td> <td>Describe the property that secures the claim: 2022 Chevy Trailblazer</td> <td>\$25,000.00</td> <td>\$25,000.00</td> <td>\$0.00</td> </tr> <tr> <td colspan="5"> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input checked="" type="checkbox"/> Other (including a right to offset) To be Paid Outside the Plan by daughter</p> </td> </tr> </table>					2.4 GM Financial Creditor's Name	Describe the property that secures the claim: 2022 Chevy Trailblazer	\$25,000.00	\$25,000.00	\$0.00	<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input checked="" type="checkbox"/> Other (including a right to offset) To be Paid Outside the Plan by daughter</p>				
2.4 GM Financial Creditor's Name	Describe the property that secures the claim: 2022 Chevy Trailblazer	\$25,000.00	\$25,000.00	\$0.00										
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input checked="" type="checkbox"/> Other (including a right to offset) To be Paid Outside the Plan by daughter</p>														
<p>Date debt was incurred _____</p> <p>Last 4 digits of account number 7783</p>														

Debtor 1 Jose Baeza First Name _____ Middle Name _____ Last Name _____	Case number (if known) _____						
Debtor 2 Paloma Enriquez Pena First Name _____ Middle Name _____ Last Name _____							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">2.5</td> <td style="width: 30%;">Pecos County Tax Assessor/Collector Creditor's Name</td> <td style="width: 40%; text-align: center;">Describe the property that secures the claim: 10 acres of undeveloped land Fort Stockton, TX</td> <td style="width: 10%; text-align: right;">\$2,000.00</td> <td style="width: 10%; text-align: right;">\$18,000.00</td> <td style="width: 10%; text-align: right;">\$0.00</td> </tr> </table>		2.5	Pecos County Tax Assessor/Collector Creditor's Name	Describe the property that secures the claim: 10 acres of undeveloped land Fort Stockton, TX	\$2,000.00	\$18,000.00	\$0.00
2.5	Pecos County Tax Assessor/Collector Creditor's Name	Describe the property that secures the claim: 10 acres of undeveloped land Fort Stockton, TX	\$2,000.00	\$18,000.00	\$0.00		
<p>200 S. Nelson St Fort Stockton, TX 79735 Number, Street, City, State & Zip Code</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt</p> <p>Nature of lien. Check all that apply.</p> <p><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) 2024 and all other Delinquent tax years</p>							
<p>Date debt was incurred _____</p> <p>Last 4 digits of account number XXXX</p>							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">2.6</td> <td style="width: 30%;">Pecos Tax Assessor/Collector Creditor's Name</td> <td style="width: 40%; text-align: center;">Describe the property that secures the claim: 305 S Rio St Fort Stockton, TX 79735 Pecos County</td> <td style="width: 10%; text-align: right;">\$2,000.00</td> <td style="width: 10%; text-align: right;">\$180,000.00</td> <td style="width: 10%; text-align: right;">\$0.00</td> </tr> </table>		2.6	Pecos Tax Assessor/Collector Creditor's Name	Describe the property that secures the claim: 305 S Rio St Fort Stockton, TX 79735 Pecos County	\$2,000.00	\$180,000.00	\$0.00
2.6	Pecos Tax Assessor/Collector Creditor's Name	Describe the property that secures the claim: 305 S Rio St Fort Stockton, TX 79735 Pecos County	\$2,000.00	\$180,000.00	\$0.00		
<p>200 S. Nelson Street Fort Stockton, TX 79735 Number, Street, City, State & Zip Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Nature of lien. Check all that apply.</p> <p><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) 2024 and all delinquent tax years; outside</p>							
<p>Date debt was incurred _____</p> <p>Last 4 digits of account number XXXX</p>							

Debtor 1	Jose Baeza	First Name _____	Middle Name _____	Last Name _____	Case number (if known) _____		
Debtor 2	Paloma Enriquez Pena	First Name _____	Middle Name _____	Last Name _____			
2.7	Sheffield Financial Corp	Describe the property that secures the claim: 2019 Can-Am			\$12,319.00	\$12,319.00	\$0.00
Creditor's Name							
P.O. Box 1704 Clemmons, NC 27012			As of the date you file, the claim is: Check all that apply.				
Number, Street, City, State & Zip Code			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Who owes the debt? Check one.							
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt							
<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) To be Paid Outside the Plan by son							
Date debt was incurred _____			Last 4 digits of account number XXXX				
2.8	Truist Bank	Describe the property that secures the claim: 2022 Jeep Wrangler			\$32,548.00	\$32,548.00	\$0.00
Creditor's Name							
P.O. Box 580048 Charlotte, NC 28258-0048			As of the date you file, the claim is: Check all that apply.				
Number, Street, City, State & Zip Code			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Who owes the debt? Check one.							
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt							
<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Fully Secured							
Date debt was incurred _____			Last 4 digits of account number 1101				
2.9	USDA Rural Developement	Describe the property that secures the claim: 305 S Rio St Fort Stockton, TX 79735 Pecos County			\$100,000.00	\$180,000.00	\$0.00
Creditor's Name							
P.O. Box 66889 Saint Louis, MO 63166			As of the date you file, the claim is: Check all that apply.				
Number, Street, City, State & Zip Code			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Who owes the debt? Check one.							
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt							
<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) To be Paid Outside the Plan							
Date debt was incurred _____			Last 4 digits of account number XXXX				

Debtor 1 **Jose Baeza** _____ Case number (if known) _____
First Name Middle Name Last Name

Debtor 2 **Paloma Enriquez Pena** _____
First Name Middle Name Last Name

Add the dollar value of your entries in Column A on this page. Write that number here:
If this is the last page of your form, add the dollar value totals from all pages.
Write that number here:

\$232,557.00
\$232,557.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

Debtor 1	Jose Baeza		
	First Name	Middle Name	Last Name
Debtor 2	Paloma Enriquez Pena		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF TEXAS - EL PASO		
Case number (if known)			

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	Tanzy & Borrego Law Offices, P.L.L.C. Priority Creditor's Name 2610 Montana Ave. El Paso, TX 79903 Number Street City State Zip Code	Last 4 digits of account number 2695	\$3,600.00	\$3,600.00
		When was the debt incurred?		
		As of the date you file, the claim is: Check all that apply		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
		Type of PRIORITY unsecured claim:		
		<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated		
		<input checked="" type="checkbox"/> Other. Specify Administrative Expenses Administrative Claim		

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 **Jose Baeza**
Debtor 2 **Paloma Enriquez Pena**

Case number (if known) _____

4.1	Altus Receivables Management Nonpriority Creditor's Name 2121 Airline Drive Suite 520 Metairie, LA 70001 Number Street City State Zip Code	Last 4 digits of account number XXXX	\$1,302.00
		When was the debt incurred? _____	
		As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	Check if this claim is for a community debt	<input checked="" type="checkbox"/> Other. Specify Other Debt/Bill _____	
	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.2	AMEX Nonpriority Creditor's Name PO Box 6789 Sioux Falls, SD 57117 Number Street City State Zip Code	Last 4 digits of account number 2004	\$3,846.00
		When was the debt incurred? _____	
		As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	Check if this claim is for a community debt	<input type="checkbox"/> Other. Specify Credit Card Debt _____	
	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.3	AMEX Nonpriority Creditor's Name PO Box 6789 Sioux Falls, SD 57117 Number Street City State Zip Code	Last 4 digits of account number 1006	\$2,326.00
		When was the debt incurred? _____	
		As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	Check if this claim is for a community debt	<input type="checkbox"/> Other. Specify Credit Card Debt _____	
	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1 **Jose Baeza**
Debtor 2 **Paloma Enriquez Pena**

Case number (if known) _____

4.4	Attorney General Nonpriority Creditor's Name 10th & Constitution N.W. Main Justice Bldg. #5111 Washington, DC 20530 Number Street City State Zip Code	Last 4 digits of account number XXXX	\$0.00
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Duplicate Notice _____</p>			
4.5	Barnett Garcia Nonpriority Creditor's Name 3821 Juniper Trace Suite 108 Austin, TX 78738 Number Street City State Zip Code	Last 4 digits of account number XXXX	\$20,245.00
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Other Debt/Bill _____</p>			
4.6	BMO Bank Nonpriority Creditor's Name P.O. Box 3040 Cedar Rapids, IA 52406 Number Street City State Zip Code	Last 4 digits of account number 5001	\$33,658.00
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Not in possession of collateral _____</p>			

Debtor 1 **Jose Baeza**
Debtor 2 **Paloma Enriquez Pena**

Case number (if known)

4.7	Caine & Weiner Nonpriority Creditor's Name P.O. Box 55848 Sherman Oaks, CA 91411 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 7256	\$36,541.00
When was the debt incurred?			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Other Debt/Bill			
4.8	Caine & Weiner Nonpriority Creditor's Name P.O. Box 55848 Sherman Oaks, CA 91411 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number XXXX	\$37,990.00
When was the debt incurred?			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Other Debt/Bill			
4.9	Capital One Nonpriority Creditor's Name PO Box 30285 Salt Lake City, UT 84130-0285 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 9355	\$1,941.00
When was the debt incurred?			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt			

4.10	Capital One Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zip Code	Last 4 digits of account number <u>1181</u>	\$3,795.00
		When was the debt incurred? <u>Opened 03/17 Last Active 09/23</u>	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>		
4.11	Capital One Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zip Code	Last 4 digits of account number <u>9069</u>	\$383.00
		When was the debt incurred? <u>Opened 06/15 Last Active 7/22/24</u>	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>		
4.12	Capital One Walmart Nonpriority Creditor's Name P.O. Box 30285 Salt Lake City, UT 84130-0285 Number Street City State Zip Code	Last 4 digits of account number <u>6987</u>	\$3,881.00
		When was the debt incurred?	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify <u>Credit Card Debt</u>		

4.13	Chase Nonpriority Creditor's Name P.O. Box 15548 Wilmington, DE 19850-5298 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 7568 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt	\$14,715.00
4.14	Chase Nonpriority Creditor's Name PO Box 6294 Carol Stream, IL 60197 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3056 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt	\$26,769.00
4.15	Chase Nonpriority Creditor's Name P.O. Box 15548 Wilmington, DE 19850-5298 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 7114 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt	\$405.00

Debtor 1 **Jose Baeza**
Debtor 2 **Paloma Enriquez Pena**

Case number (if known)

4.16	Chase Nonpriority Creditor's Name PO Box 6294 Carol Stream, IL 60197 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5429 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt	\$11,749.00
4.17	Citibank Nonpriority Creditor's Name Citicorp Cr Svcs/Centralized Bankruptcy Po Box 790040 St Louis, MO 63179 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 2001 When was the debt incurred? Opened 02/18 Last Active 7/03/24 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	\$9,079.00
4.18	Clinical Pathology Laboratories Nonpriority Creditor's Name P.O. Box 141669 Austin, TX 78714-1669 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 7241 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill	\$915.00

Debtor 1 **Jose Baeza**
Debtor 2 **Paloma Enriquez Pena**

Case number (if known) _____

4.19	Clinical Pathology Laboratories Nonpriority Creditor's Name P.O. Box 141669 Austin, TX 78714-1669 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 7222 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill	\$79.00
4.20	Clinical Pathology Laboratories Nonpriority Creditor's Name P.O. Box 141669 Austin, TX 78714-1669 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5466 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill	\$59.00
4.21	Credit Collection Services Nonpriority Creditor's Name Two Wells Ave. Newton Center, MA 02459 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number XXXX When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt	\$542.00

4.22	Credit Collection Services Nonpriority Creditor's Name 725 Canton Street Norwood, MA 02062 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number XXXX When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$271.00
4.23	Credit First NA/Firestone Nonpriority Creditor's Name P.O. Box 81410 Cleveland, OH 44181-0344 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 8320 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt	\$2,303.00
4.24	Creditors Adjustment Bureau Nonpriority Creditor's Name PO BOX 5932 Sherman Oaks, CA 91413 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5672 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Other Debt/Bill	\$409.00

Debtor 1 **Jose Baeza**
Debtor 2 **Paloma Enriquez Pena**

Case number (if known) _____

4.25

Delaware Department of Transportation

Nonpriority Creditor's Name

**P.O. Box 697
Dover, DE 19903-0697**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number

3000

\$96.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Other Debt/Bill** _____

4.26

Department of the Treasury

Nonpriority Creditor's Name

Bureau of the Fiscal Service

P. O. Box 830794

Birmingham, AL 35283-0794

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number

8214

\$701,496.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Credit Card Debt** _____

4.27

EMBCC Patient Services

Nonpriority Creditor's Name

P.O. Box 981028

Boston, MA 02298

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number

1379

\$195.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Medical Bill** _____

Debtor 1 **Jose Baeza**
Debtor 2 **Paloma Enriquez Pena**

Case number (if known)

4.28	Family Care Center Nonpriority Creditor's Name 387 W I H 10 Fort Stockton, TX 79735 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0004 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill	\$208.00
4.29	FHA/HUD Nonpriority Creditor's Name 451 7th Street S.W. Washington, DC 20410 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number XXXX When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Duplicate Notice	\$0.00
4.30	GB Collects Nonpriority Creditor's Name 1253 Haddonfield Berlin Rd Voorhees, NJ 08043 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 7821 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Other Debt/Bill	\$127.00

Debtor 1 **Jose Baeza**
Debtor 2 **Paloma Enriquez Pena**

Case number (if known)

4.31	GECU Nonpriority Creditor's Name P.O. Box 20998 El Paso, TX 79998-0998 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number XXXX When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt	\$2,323.00
4.32	Golman Sachs Bank USA Nonpriority Creditor's Name P.O. Box 45400 Salt Lake City, UT 84145-0400 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 6891 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt	\$119.00
4.33	Kubota Credit Corporation Nonpriority Creditor's Name PO Box 2046 Grapevine, TX 76099 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 4517 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts Kubota MX6000HSTC Repossessed Not in possession of collateral	\$8,336.00

Debtor 1 **Jose Baeza**
Debtor 2 **Paloma Enriquez Pena**

Case number (if known)

4.34	Laboratory Corporation of America Nonpriority Creditor's Name P.O. Box 2240 Burlington, NC 27216-2240 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3062 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill	\$13.00
4.35	Laboratory Corporation of America Nonpriority Creditor's Name P.O. Box 2240 Burlington, NC 27216-2240 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 1558 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill	\$24.00
4.36	LVNV Funding Nonpriority Creditor's Name P.O. Box 10497 Greenville, SC 29603-0584 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number XXXX When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt	\$3,881.00

Debtor 1 **Jose Baeza**
Debtor 2 **Paloma Enriquez Pena**

Case number (if known)

4.37	National Enterprise Systems Nonpriority Creditor's Name 29125 Solon Road Solon, OH 44139-3442 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number XXXX When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Other Debt/Bill	\$10,779.00
4.38	Odessa Regional Medical Center Nonpriority Creditor's Name PO Box 27394 Salt Lake City, UT 84127 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 2196 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill	\$1,175.00
4.39	Oportun Inc Nonpriority Creditor's Name PO Box 560880 The Colony, TX 75056-0880 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 8731 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Personal Loan	\$6,408.00

4.40	Pecos County Memorial Hospital Nonpriority Creditor's Name 387 I-10 Fort Stockton, TX 79735 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 2140 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill	\$17.00
4.41	Pecos County Memorial Hospital Nonpriority Creditor's Name 387 I-10 Fort Stockton, TX 79735 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5175 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill	\$58.00
4.42	Pecos County Memorial Hospital Nonpriority Creditor's Name 387 I-10 Fort Stockton, TX 79735 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 1896 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill	\$134.00

4.43	Pecos County Memorial Hospital Nonpriority Creditor's Name 387 I-10 Fort Stockton, TX 79735 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 2393	\$459.00
	When was the debt incurred?		
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill		
4.44	Pecos County Memorial Hospital Nonpriority Creditor's Name 387 I-10 Fort Stockton, TX 79735 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5421	\$598.00
	When was the debt incurred?		
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill		
4.45	Pecos County Memorial Hospital Nonpriority Creditor's Name 387 I-10 Fort Stockton, TX 79735 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 2944	\$1,158.00
	When was the debt incurred?		
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill		

Debtor 1 **Jose Baeza**
Debtor 2 **Paloma Enriquez Pena**

Case number (if known)

4.46	PNC Bank Nonpriority Creditor's Name PO Box 747066 Pittsburgh, PA 15274 Number Street City State Zip Code	Last 4 digits of account number 1389	\$4,181.00
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	When was the debt incurred?	
	Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt	
4.47	Quick Bridge Funding Nonpriority Creditor's Name 410 Exchange St. Ste 150 Irvine, CA 92602 Number Street City State Zip Code	Last 4 digits of account number 2146	\$12,978.00
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	When was the debt incurred?	
	Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Personal Loan	
4.48	South Texas Radiology Grp Nonpriority Creditor's Name P.O. Box 29407 San Antonio, TX 78229 Number Street City State Zip Code	Last 4 digits of account number 1440	\$52.00
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	When was the debt incurred?	
	Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill	

Debtor 1 **Jose Baeza**
Debtor 2 **Paloma Enriquez Pena**

Case number (if known)

4.49	SYNCB/Car Care Nonpriority Creditor's Name PO Box 965036 Orlando, FL 32896 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 1496 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt	\$2,409.00
4.50	Syncb/Paypal Nonpriority Creditor's Name PO Box 960006 Orlando, FL 32896-0006 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 6396 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt	\$2,650.00
4.51	Synch/ Lowes Nonpriority Creditor's Name P.O. Box 669807 Dallas, TX 75266-0759 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 4064 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt	\$5,794.00

Debtor 1 **Jose Baeza**
Debtor 2 **Paloma Enriquez Pena**

Case number (if known) _____

4.52	Tandem Financial Nonpriority Creditor's Name 3801 Automation Way Ste 207 Fort Collins, CO 80525 Number Street City State Zip Code	Last 4 digits of account number 6945	\$0.00
		When was the debt incurred? _____	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	TTL - 2006 Transcraft Flatbed Repossessed <input type="checkbox"/> Other. Specify Not in possession of collateral		
4.53	Tandem Financial Nonpriority Creditor's Name 3801 Automation Way Ste. 207 Fort Collins, CO 80525 Number Street City State Zip Code	Last 4 digits of account number 7230	\$0.00
		When was the debt incurred? _____	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	TTL-2002 Fontaine Flatbed Repossessed <input type="checkbox"/> Other. Specify Not in possession of collateral		
4.54	Tandem Financial Nonpriority Creditor's Name 3801 Automation Way Ste 207 Fort Collins, CO 80525 Number Street City State Zip Code	Last 4 digits of account number 7477	\$0.00
		When was the debt incurred? _____	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> Other. Specify TTL-2006 Transcraft Flatned		

Debtor 1 **Jose Baeza**
Debtor 2 **Paloma Enriquez Pena**

Case number (if known)

4.55	TDS Nonpriority Creditor's Name PO Box 628396 WI 53623-6750 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5721 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Other Debt/Bill	\$679.00
4.56	The Home Depot/CBNA Nonpriority Creditor's Name P.O Box 78011 Phoenix, AZ 85062-8011 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 8641 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt	\$2,935.00
4.57	U.S. Attorney/FHA/HUD/IRS/VA Nonpriority Creditor's Name 601 N.W. Loop 410 Suite 600 San Antonio, TX 78216 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number XXXX When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Duplicate Notice	\$0.00

Debtor 1 **Jose Baeza**
Debtor 2 **Paloma Enriquez Pena**

Case number (if known)

4.58	UMC Health System Nonpriority Creditor's Name PO Box 5980 Lubbock, TX 79408 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 1212 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill	\$608.00
4.59	UMC Helath System Nonpriority Creditor's Name PO Box 5980 Lubbock, TX 79408 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 7388 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill	\$560.00
4.60	Veterans Administration Nonpriority Creditor's Name Attn: Support Services Division (243) 701 Clay Avenue Waco, TX 76799-0001 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number XXXX When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Duplicate Notice	\$0.00

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 **Jose Baeza**
Debtor 2 **Paloma Enriquez Pena**

Case number (if known) _____

AMEX
c/o Transworld Systems
PO BOX 15130
Wilmington, DE 19850

Line **4.3** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

9447

Name and Address
Capital One Walmart
c/o Halstead Financial Services,
LLC
PO BOX 828
Skokie, IL 60076

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Chase
c/o Scott & Associates, P.C.
P.O. Box 115220
Carrollton, TX 75011-5220

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Clinical Pathology Laboratories
c/o Credit Collection Services
725 Canton Street
Norwood, MA 02062

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.20** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

5946

Name and Address
Credit First NA
c/o CBE Groups
1309 Technology Pkwy
Cedar Falls, IA 50613

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.23** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

8320

Name and Address
Department of the Treasury
c/o SBA U.S. Small Business
Administrati
Little Rock Commercial Loan
Servicing
2120 Riverfront Drive, Suite 100
Little Rock, AR 72202

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.26** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
JP Morgan Chase
c/o Scott & Associates
PO BOX 115220
Carrollton, TX 75011

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Linebarger Goggan Blair &
Sampson
1617 John F. Kennedy Blvd
Ste. 555
Philadelphia, PA 19103

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.25** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Pecos County Memorial Hospital
c/o Account Services
1802 N. E. Loop 410, Suite 400
San Antonio, TX 78217

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.41** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0345

Debtor 1 **Jose Baeza**
Debtor 2 **Paloma Enriquez Pena**

Case number (if known) _____

Name and Address
Pecos County Memorial Hospital
c/o Account Services
1802 N. E. Loop 410, Suite 400
San Antonio, TX 78217

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.45 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
PNC Bank
c/o Zwicker & Associates, P.C
80 Minuteman Road
Andover, MA 01810-1008

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.46 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Pucin & Friedland
5805 Sepulveda Blvd
4th FLoor
Sherman Oaks, CA 91411

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.8 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Quick Bridge Funding
c/o Aubrey Thrasher LLC
12 Powder Springs St
Marietta, GA 30064

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.47 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Quick Bridge Funding
c/o National Funding Inc
4380 La Jolla Village Dr,
San Diego, CA 92122

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.47 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Quick Bridge Funding
c/o Nationwide Legal
1609 James M Wood Blvd.
Los Angeles, CA 90015

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.47 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Resurgent /LVNV Funding
P.O. Box 1269
Greenville, SC 29602

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.12 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
SYNCB/Car Care
c/o Client Services, Inc.
3451 Harry S. Truman Blvd
Saint Charles, MO 63301

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.49 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
The Home Depot/CBNA
c/o Client Services, Inc.
3451 Harry S. Truman Blvd
Saint Charles, MO 63301

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.56 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
The Home Depot/CBNA
c/o Rausch Strum LLP
250 N. Sunnyslope Rd. Suite 300
Brookfield, WI 53005

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.56 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
UMC Health System
Paramount Recovery Systems
P.O. Box 23369
Waco, TX 76702

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line 4.58 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims
from Part 1

		Total Claim
6a.	Domestic support obligations	6a. \$ <u>0.00</u>
6b.	Taxes and certain other debts you owe the government	6b. \$ <u>0.00</u>
6c.	Claims for death or personal injury while you were intoxicated	6c. \$ <u>0.00</u>
6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ <u>3,600.00</u>
6e.	Total Priority. Add lines 6a through 6d.	6e. \$ <u>3,600.00</u>

Total claims
from Part 2

		Total Claim
6f.	Student loans	6f. \$ <u>0.00</u>
6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ <u>0.00</u>
6h.	Debts to pension or profit-sharing plans, and other similar debts	6h. \$ <u>0.00</u>
6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ <u>983,653.00</u>
6j.	Total Nonpriority. Add lines 6f through 6i.	6j. \$ <u>983,653.00</u>

Fill in this information to identify your case:

Debtor 1	Jose Baeza	First Name	Middle Name	Last Name
Debtor 2	Paloma Enriquez Pena	First Name	Middle Name	Last Name
(Spouse if, filing)				
United States Bankruptcy Court for the:	WESTERN DISTRICT OF TEXAS - EL PASO			
Case number (if known)				

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease			State what the contract or lease is for
	Name, Number, Street, City, State and ZIP Code			
2.1	Name			
	Number	Street		
	City	State	ZIP Code	
2.2	Name			
	Number	Street		
	City	State	ZIP Code	
2.3	Name			
	Number	Street		
	City	State	ZIP Code	
2.4	Name			
	Number	Street		
	City	State	ZIP Code	
2.5	Name			
	Number	Street		
	City	State	ZIP Code	

Fill in this information to identify your case:

Debtor 1

Jose Baeza

First Name Middle Name Last Name

Debtor 2

(Spouse if, filing)

Paloma Enriquez Pena

First Name Middle Name Last Name

United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS - EL PASO

Case number
(if known) _____

Check if this is an
amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No
 Yes.

In which community state or territory did you live? Texas . Fill in the name and current address of that person.
Debtor/Spouse

Name of your spouse, former spouse, or legal equivalent
Number, Street, City, State & Zip Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor
Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.1

Name _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

Number _____ Street _____ State _____ ZIP Code _____

3.2

Name _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

Number _____ Street _____ State _____ ZIP Code _____

Fill in this information to identify your case:

Debtor 1	<u>Jose Baeza</u>
Debtor 2 (Spouse, if filing)	<u>Paloma Enriquez Pena</u>
United States Bankruptcy Court for the:	<u>WESTERN DISTRICT OF TEXAS - EL PASO</u>
Case number (if known)	

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1	Debtor 2 or non-filing spouse
<input checked="" type="checkbox"/> Employed	<input checked="" type="checkbox"/> Employed
<input type="checkbox"/> Not employed	<input type="checkbox"/> Not employed
Occupation	<u>Truck Driver</u>
Employer's name	<u>First Star Oil Field</u>
Employer's address	<u>1113 East Cottonwood Midland, TX 79705</u>

How long employed there? 9 months

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1	For Debtor 2 or non-filing spouse
--------------	-----------------------------------

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 0.00 \$ 0.00

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

4. \$ 0.00 \$ 0.00

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	4. \$ 0.00	\$ 0.00	
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ 0.00	
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00	
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00	
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00	
5e. Insurance	5e. \$ 0.00	\$ 0.00	
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00	
5g. Union dues	5g. \$ 0.00	\$ 0.00	
5h. Other deductions. Specify:	5h.+ \$ 0.00	+ \$ 0.00	
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	\$ 0.00	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ 0.00	
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 7,238.00	\$ 0.00	
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00	
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00	
8e. Social Security	8e. \$ 0.00	\$ 0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00	
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00	
8h. Other monthly income. Specify:	8h.+ \$ 0.00	+ \$ 0.00	
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 7,238.00	\$ 0.00	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 7,238.00	+ \$ 0.00	= \$ 7,238.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:	11. +\$ 0.00	0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ 7,238.00	Combined monthly income	
13. Do you expect an increase or decrease within the year after you file this form?	<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain:		

Fill in this information to identify your case:

Debtor 1	Jose Baeza
Debtor 2	Paloma Enriquez Pena
(Spouse, if filing)	
United States Bankruptcy Court for the:	WESTERN DISTRICT OF TEXAS - EL PASO
Case number (If known)	

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.

Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and Debtor 2.

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

Son

16

No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes

Daughter

18

3. Do your expenses include expenses of people other than yourself and your dependents?

No
 Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **1,051.00**

If not included in line 4:

4a. Real estate taxes
4b. Property, homeowner's, or renter's insurance
4c. Home maintenance, repair, and upkeep expenses
4d. Homeowner's association or condominium dues

4a. \$ **0.00**
4b. \$ **0.00**
4c. \$ **330.00**
4d. \$ **0.00**
5. \$ **0.00**

5. Additional mortgage payments for your residence, such as home equity loans

6. Utilities:

6a. Electricity, heat, natural gas	6a. \$ <u>350.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>200.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>330.00</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>

7. Food and housekeeping supplies

8. Childcare and children's education costs	7. \$ <u>1,000.00</u>
---	-----------------------

9. Clothing, laundry, and dry cleaning

10. Personal care products and services

11. Medical and dental expenses

12. Transportation. Include gas, maintenance, bus or train fare.

Do not include car payments.	12. \$ <u>912.00</u>
------------------------------	----------------------

13. Entertainment, clubs, recreation, newspapers, magazines, and books

14. Charitable contributions and religious donations

15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance	15a. \$ <u>48.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>717.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: _____	16. \$ <u>0.00</u>
----------------	--------------------

17. Installment or lease payments:

17a. Car payments for Vehicle 1	17a. \$ <u>0.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: _____	17c. \$ <u>0.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, *Schedule I, Your Income* (Official Form 106I).

19. Other payments you make to support others who do not live with you.

Specify: _____	19. \$ <u>0.00</u>
----------------	--------------------

20. Other real property expenses not included in lines 4 or 5 of this form or on *Schedule I: Your Income*.

20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>

21. Other: Specify: _____

\$ <u>5,588.00</u>
\$ <u>5,588.00</u>

22. Calculate your monthly expenses

22a. Add lines 4 through 21.	\$ <u>5,588.00</u>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ <u>5,588.00</u>
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>5,588.00</u>

23. Calculate your monthly net income.

23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$ <u>7,238.00</u>
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>5,588.00</u>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>1,650.00</u>

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here: _____

Fill in this information to identify your case:

Debtor 1	Jose Baeza		
	First Name	Middle Name	Last Name
Debtor 2	Paloma Enriquez Pena		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF TEXAS - EL PASO		
Case number (if known)			

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

/s/ Jose Baeza

Jose Baeza

Signature of Debtor 1

Date August 13, 2024

/s/ Paloma Enriquez Pena

Paloma Enriquez Pena

Signature of Debtor 2

Date August 13, 2024

Fill in this information to identify your case:

Debtor 1

Jose Baeza

First Name Middle Name Last Name

Debtor 2

Paloma Enriquez Pena

(Spouse if, filing)

First Name Middle Name Last Name

United States Bankruptcy Court for the: **WESTERN DISTRICT OF TEXAS - EL PASO**

Case number
(if known) _____

Check if this is an
amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

Dates Debtor 1
lived there

Debtor 2 Prior Address:

Dates Debtor 2
lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No
 Yes. Fill in the details.

	Debtor 1	Debtor 2		
From January 1 of current year until the date you filed for bankruptcy:	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$55,523.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00

	Debtor 1 Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Debtor 2 Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2023)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$27,700.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00
For the calendar year before that: (January 1 to December 31, 2022)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$34,000.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed on line 4.

No
 Yes. Fill in the details.

Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
--	--	--	---

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more?

No. Go to line 7.
 Yes List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.
 Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
USDA Rural Developement P.O. Box 66889 Saint Louis, MO 63166	Last 90 days	\$3,300.00	\$100,000.00	<input checked="" type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
GECU P.O. Box 20998 El Paso, TX 79998-0998	Last 90 days	\$2,274.00	\$26,579.00	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
BB&T PO Box 704 Clemmons, NC 27012	Last 90 days	\$2,520.00	\$32,548.00	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No
 Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

No
 Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No
 Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
Jose Baeza vs PNC Bank CV-4086	Breach of Contract	Pecos County Courthouse 103 West Callaghan Fort Stockton, TX 79735	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
 Check all that apply and fill in the details below.

No. Go to line 11.
 Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
	Explain what happened		

Creditor Name and Address	Describe the Property	Date	Value of the property
Explain what happened			
Tandem Financial	3 flatbeds 1 25000 1 15000 1 15000	February 2024	\$55,000.00
	<input checked="" type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized or levied.		
BMO	2 2018 Kenworths 30000 for one 25000 for one		\$55,000.00
	<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized or levied.		

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No
 Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No
 Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .			

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No
 Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
DECAF 112 Goliad Street Benbrook, TX 76126	Credit counseling	8/2024	\$15.00
Tanzy & Borrego Law Offices, P.L.L.C. 2610 Montana Ave. El Paso, TX 79903	Attorney fees	7/2024	\$1,000.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No
 Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
--------------------------------	---	-----------------------------------	-------------------

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No
 Yes. Fill in the details.

Person Who Received Transfer Address Person's relationship to you	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Unknown	2016 dry van trailer 2017 dry van trailer 2013 dry van trailer PS trailer FMV: \$60,000 Subject to loan	PS trailer paid off Trades and took trailers	2023
no relation			

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you Salvador Vargas	2007 Freightliner FMV: \$8,000	Sold for \$8,000	2022
no realation			
Sebastian Baeza Enriquez Son	2012 Kenworth 2015 Kenworth FMV\$38,000	Traded for services for 6 months	2023
Name of trust	Description and value of the property transferred	Date Transfer was made	

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?
 Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	---	-----------------------	--------------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
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Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No
- Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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25. Have you notified any governmental unit of any release of hazardous material?

- No
- Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No
- Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation
- No. None of the above applies. Go to Part 12.

- Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.
JP & K Trucking 305 S Rio St TX 79737-5000	Trucking Jose Baeza	EIN: 81-5011108 From-To January 2017 - September 2023

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.
JP Truck & Trailer Repair 1442 West 53 Fort Stockton, TX 79735	Truck and Trailer repair Jose Baeza	Dates business existed EIN: 85-4134479 From-To Jan 2021 - Sept 2023

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No
 Yes. Fill in the details below.

Name
Address
(Number, Street, City, State and ZIP Code)

Date Issued

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Jose Baeza

Jose Baeza
Signature of Debtor 1

/s/ Paloma Enriquez Pena

Paloma Enriquez Pena
Signature of Debtor 2

Date August 13, 2024

Date August 13, 2024

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of Person _____. Attach the *Bankruptcy Petitioner's Notice, Declaration, and Signature* (Official Form 119).

United States Bankruptcy Court
Western District of Texas - El Paso

In re **Jose Baeza**
Paloma Enriquez Pena

Debtor(s)

Case No.

Chapter

13

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ 4,600.00
Prior to the filing of this statement I have received	\$ 1,000.00
Balance Due	\$ 3,600.00

2. The source of the compensation paid to me was:

Debtor Other (specify):

3. The source of compensation to be paid to me is:

Debtor Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Representation of the debtors in other contested bankruptcy matters; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods. One Motion to Modify or Motion for Moratorium.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

- a. **No other legal matters (e.g., divorce, criminal, real estate, car title, tax problems, or title transfers);**
- b. **No adversary proceedings;**
- c. **No disputes, litigation, motions or hearings with the Internal Revenue Service;**
- d. **No legal services that do not directly involve the repayment of debts under the Chapter 13 Plan;**
- e. **No disputes or other matters with the Credit Bureau; and**
- f. **Non routine matters (e.g. Motions to Incur Debt, Motions to Buy Property, Motions to Sell Property and any Expedited matters);**
- g. **Notice of Conversions to Chapter 7.**

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

August 13, 2024

Date

/s/ Miguel Flores

Miguel Flores 24036574

Signature of Attorney

Tanzy & Borrego Law Offices, P.L.L.C.

2610 Montana Avenue

El Paso, TX 79903-3712

(915) 566-4300 Fax: (915) 566-1122

tanzy_borrego@hotmail.com

Name of law firm

**United States Bankruptcy Court
Western District of Texas - El Paso**

In re **Jose Baeza
Paloma Enriquez Pena**

Debtor(s)

Case No.

Chapter

13

VERIFICATION OF CREDITOR MATRIX

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: **August 13, 2024**

/s/ Jose Baeza

Jose Baeza

Signature of Debtor

Date: **August 13, 2024**

/s/ Paloma Enriquez Pena

Paloma Enriquez Pena

Signature of Debtor

1st National Bank Fortstockton
P.O. Box 937
Killeen, TX 76540

Altus Receivables Management
2121 Airline Drive
Suite 520
Metairie, LA 70001

AMEX
PO Box 6789
Sioux Falls, SD 57117

AMEX
c/o Transworld Systems
PO BOX 15130
Wilmington, DE 19850

Attorney General
10th & Constitution N.W.
Main Justice Bldg. #5111
Washington, DC 20530

Barnett Garcia
3821 Juniper Trace
Suite 108
Austin, TX 78738

BMO Bank
P.O. Box 3040
Cedar Rapids, IA 52406

Caine & Weiner
P.O. Box 55848
Sherman Oaks, CA 91411

Capital One
PO Box 30285
Salt Lake City, UT 84130-0285

Capital One
Attn: Bankruptcy
Po Box 30285
Salt Lake City, UT 84130

Capital One Walmart
P.O. Box 30285
Salt Lake City, UT 84130-0285

Capital One Walmart
c/o Halstead Financial Services, LLC
PO BOX 828
Skokie, IL 60076

Chase
P.O. Box 15548
Wilmington, DE 19850-5298

Chase
PO Box 6294
Carol Stream, IL 60197

Chase
c/o Scott & Associates, P.C.
P.O. Box 115220
Carrollton, TX 75011-5220

Citibank
Citicorp Cr Svcs/Centralized Bankruptcy
Po Box 790040
St Louis, MO 63179

Clinical Pathology Laboratories
P.O. Box 141669
Austin, TX 78714-1669

Clinical Pathology Laboratories
c/o Credit Collection Services
725 Canton Street
Norwood, MA 02062

Credit Collection Services
Two Wells Ave.
Newton Center, MA 02459

Credit Collection Services
725 Canton Street
Norwood, MA 02062

Credit First NA
c/o CBE Groups
1309 Technology Pkwy
Cedar Falls, IA 50613

Credit First NA/Firestone
P.O. Box 81410
Cleveland, OH 44181-0344

Creditors Adjustment Bureau
PO BOX 5932
Sherman Oaks, CA 91413

Delaware Department of Transportation
P.O. Box 697
Dover, DE 19903-0697

Department of the Treasury
Bureau of the Fiscal Service
P. O. Box 830794
Birmingham, AL 35283-0794

Department of the Treasury
c/o SBA U.S. Small Business Administrati
Little Rock Commercial Loan Servicing
2120 Riverfront Drive, Suite 100
Little Rock, AR 72202

EMBCC Patient Services
P.O. Box 981028
Boston, MA 02298

Family Care Center
387 W I H 10
Fort Stockton, TX 79735

FHA/HUD
451 7th Street S.W.
Washington, DC 20410

GB Collects
1253 Haddonfield Berlin Rd
Voorhees, NJ 08043

GECU
P.O. Box 20998
El Paso, TX 79998-0998

GM Financial
PO BOX 181145
Arlington, TX 76096

Golman Sachs Bank USA
P.O. Box 45400
Salt Lake City, UT 84145-0400

Internal Revenue Service
Special Procedures Staff- Insolvency
P.O. Box 7346
Philadelphia, PA 19101

JP Morgan Chase
c/o Scott & Associates
PO BOX 115220
Carrollton, TX 75011

Kubota Credit Corporation
PO Box 2046
Grapevine, TX 76099

Laboratory Corporartion of America
P.O. Box 2240
Burlington, NC 27216-2240

Linebarger Goggan Blair & Sampson
1617 John F. Kennedy Blvd
Ste. 555
Philadelphia, PA 19103

LVNV Funding
P.O. Box 10497
Greenville, SC 29603-0584

National Enterprise Systems
29125 Solon Road
Solon, OH 44139-3442

Odessa Regional Medical Center
PO Box 27394
Salt Lake City, UT 84127

Oportun Inc
PO Box 560880
The Colony, TX 75056-0880

Pecos County Memorial Hospital
387 I-10
Fort Stockton, TX 79735

Pecos County Memorial Hospital
c/o Account Services
1802 N. E. Loop 410, Suite 400
San Antonio, TX 78217

Pecos County Tax Assessor/Collector
200 S. Nelson St
Fort Stockton, TX 79735

Pecos Tax Assessor/Collector
200 S. Nelson Street
Fort Stockton, TX 79735

PNC Bank
PO Box 747066
Pittsburgh, PA 15274

PNC Bank
c/o Zwicker & Associates, P.C
80 Minuteman Road
Andover, MA 01810-1008

Pucin & Friedland
5805 Sepulveda Blvd
4th Floor
Sherman Oaks, CA 91411

Quick Bridge Funding
410 Exchange St. Ste 150
Irvine, CA 92602

Quick Bridge Funding
c/o Aubrey Thrasher LLC
12 Powder Springs St
Marietta, GA 30064

Quick Bridge Funding
c/o Nationawide Legal
1609 James M Wood Blvd.
Los Angeles, CA 90015

Quick Bridge Funding
c/o National Funding Inc
4380 La Jolla Village Dr,
San Diego, CA 92122

Resurgent /LVNV Funding
P.O. Box 1269
Greenville, SC 29602

Sheffield Financial Corp
P.O. Box 1704
Clemmons, NC 27012

South Texas Radiology Grp
P.O. Box 29407
San Antonio, TX 78229

SYNCB/Car Care
PO Box 965036
Orlando, FL 32896

SYNCB/Car Care
c/o Client Services, Inc.
3451 Harry S. Truman Blvd
Saint Charles, MO 63301

Syncb/Paypal
PO Box 960006
Orlando, FL 32896-0006

Synch/ Lowes
P.O. Box 669807
Dallas, TX 75266-0759

Tandem Financial
3801 Automation Way
Ste 207
Fort Collins, CO 80525

Tandem Financial
3801 Automation Way
Ste. 207
Fort Collins, CO 80525

TDS
PO Box 628396
WI 53623-6750

The Home Depot/CBNA
P.O Box 78011
Phoenix, AZ 85062-8011

The Home Depot/CBNA
c/o Client Services, Inc.
3451 Harry S. Truman Blvd
Saint Charles, MO 63301

The Home Depot/CBNA
c/o Rausch Strum LLP
250 N. Sunnyslope Rd. Suite 300
Brookfield, WI 53005

Truist Bank
P.O. Box 580048
Charlotte, NC 28258-0048

U.S. Attorney/FHA/HUD/IRS/VA
601 N.W. Loop 410
Suite 600
San Antonio, TX 78216

UMC Health System
PO Box 5980
Lubbock, TX 79408

UMC Health System
Paramount Recovery Systems
P.O. Box 23369
Waco, TX 76702

UMC Helath System
PO Box 5980
Lubbock, TX 79408

USDA Rural Developement
P.O. Box 66889
Saint Louis, MO 63166

Veterans Administration
Attn: Support Services Division (243)
701 Clay Avenue
Waco, TX 76799-0001